

### **Background on NERUCA and the Urgent Care (UC) Industry in New Jersey**

- The North East Regional Urgent Care Association (NERUCA)
  - Founded in 2013
  - Represents the interests of urgent care practice and policy in the Northeast region of the United States (Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont)
  - Represent over 1800 regional offices.
  - In 2017, NERUCA joined forces with the National Urgent Care Association (UCA) as the UCA's first formally recognized regional chapter. The Association gave members access to a nationwide organization's partnership, resources, and advocacy.
- The Urgent Care Industry in NJ:
  - **Number of UCs in NJ:** 305
  - **Average Annual Patient Visits to UC in NJ:** at least 4.57 million visits per year

### **NERUCA NJ Legislative Priorities 2023**

1. Addressing the Radiologic Technologist (RT) Shortage
2. Medicaid Parity
3. Network Adequacy

### **Addressing the Shortage of Radiologic Technologists (RTs)**

#### Industry Challenge:

- There is a severe and ongoing shortage of Radiologic Technologists (RTs) available to perform basic diagnostic medical imaging in the UC setting in NJ.
- UCs are an especially hard-hit sector as RTs tend to gravitate towards hospitals and imaging practices where their skillset is fully utilized.
- The current educational requirements in NJ go above what is required for actual Radiologic Technologists attending two-year programs.
- Currently, to image the extremities, one must become licensed as a Limited Orthopedic Rad Tech, combining spine and extremities. Although, in the majority of other states, one can seek licensure in the spine or extremities.
  - To be eligible for limited licensure in the chest, NJ dictates that a candidate must complete 300 hours of coursework in the chest. To be eligible for limited licensure in orthopedics (spine and extremities), 1400 hours of coursework is required.
  - The ARRT does not outline this hour requirement for a Radiologic Technologist's coursework. Rather, there is only a competency requirement.
- New Jersey requires that you attend a state-approved school but there are currently no state-approved schools making this unattainable.

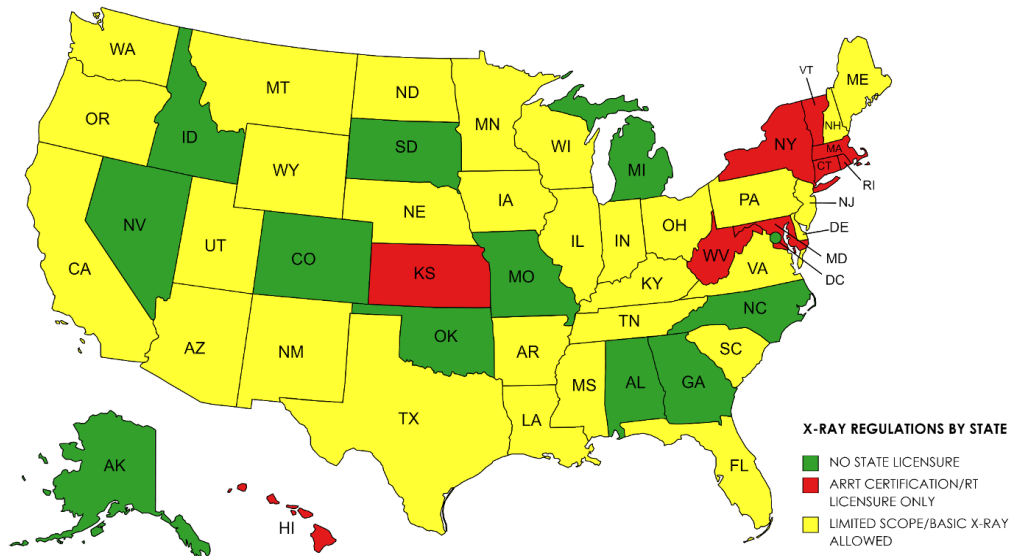
The Solution:

- Make educational requirements commensurate with those outlined in other states. There are limited radiographers in other states that produce quality radiographs, safely, having met didactic/clinical educational requirements that are much more realistic.
  - A limited radiographer can only perform plain film radiographs of the anatomical region/s in which they are certified.
  - In NJ, one can seek licensure in numerous categories depending on which area of the body they will need to radiograph.
  - The two areas of the body that are most often imaged in the urgent care setting are the chest and the extremities.

Data:

- **Number of RTs in NJ:** 5,770 (Bureau of Labor and Statistics)
- **Anticipated demand for RTs:** 6% anticipated growth in demand for radiographers – 17,000 positions annually (Bureau of Labor and Statistics - ballpark)

Limited scope X-Ray operations across the United States by state



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### **Medicaid Parity**

- The Affordable Care Act (ACA) required that all Medicaid payments be raised to the level of Medicare payments to increase parity in healthcare.
- As of 2014, these Medicaid rates were not reauthorized, limiting the care Medicaid patients currently receive.
- UC operators bring care closer to home but often cannot treat patients with Medicaid due to a lack of reimbursement.
- To service patients with Medicaid, there needs to be a higher reimbursement rate in NJ.
- Currently, hospitals get a facility fee that offsets some of the costs, enabling them to take patients with Medicaid but leaving the UC industry, who can offer more convenient and affordable care, out of the mix.

### **Network Adequacy**

- An UC center being in-network with a payer is a key decision point for most NJ consumers
- In-network deductibles and copays are key drivers as consumers try to extend their healthcare dollars.
- UC is true retail medicine, surviving and growing by providing great care for healthcare consumers
- Many NJ health insurers have closed their networks to any new centers, even if that organization already has centers in network with that provider.
- Urgent care operators spend on average over \$750,000 to open a new center, only to find out after building it that they will be denied in-network participation.
- Network participation and the concept of network adequacy are being used by insurers to control and limit innovation and expansion in the urgent care market, limiting consumer choice.